

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 18
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	

Full Name of Payee ADZIG			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">19</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2015</table>		
Mailing Address 104B HOMESTEAD DRIVE			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">15244.40</table>		
City FOREST	State VA	Zip Code 24551-4884	Transaction ID : SE24.1287		
Purpose of Expenditure PRINTING		Category/Type <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">004</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">19</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2015</table>		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">3352809.02</table>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee ALLEGRA			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">19</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2015</table>		
Mailing Address 45668 TERMINAL DRIVE			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">103.77</table>		
City DULLES	State VA	Zip Code 20166-4390	Transaction ID : SE24.1288		
Purpose of Expenditure PRINTING		Category/Type <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">004</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">19</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2015</table>		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">3352912.79</table>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">15348.17</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:center"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:center"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

Signature